

June 05, 2017

Service Provided & Billing Code	Service Approved?	Amount Facility Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Intra Oc Lens	Yes	420.00	420.00	0.00	0.00	G
Removal of cataract with insertion of lens (66984)	Yes	4,321.60	4,321.60	1,325.60	338.16	
Anesthesia	Yes	1,032.70	1,032.70	0.00	0.00	G
Recovery Room	Yes	863.30	863.30	0.00	0.00	G
Total for Claim		\$8,414.71	\$8,414.71	\$1,325.60	\$338.16	H,I,J

Notes for Claims Above

- G** Payment is included in another service received on the same day.
- H** The amount Medicare paid the provider for this claim is \$1,325.60.
- I** This information is being sent to your private insurer(s). Send any questions regarding your benefits to them.
- J** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and Local rules.

